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## Identify an Opportunity and Plan for Improvement

In May 2013, the Cherry Street Health Services CSHS-MIHP and 9 other home visiting programs came together for second planning and training session of the Quality Improvement Collaborative (QIC). The 10 programs joined forces to choose a common implementation problem to address with a new quality improvement project and an aim statement to guide the work of the project.

### Final Aim Statement:

By September 5<sup>th</sup>, 2013, the QIC will increase the length of time families are enrolled in the home visiting program by 5%.

Team members were selected from various disciplines and locations in order to provide well-rounded points of views and ideas. The team met monthly during the implementation period, but communicated primarily via email.

Based on the current program procedures, the QIC brainstormed ideas to identify the causes of the problem statement.

[illegible]

After brainstorming, the CSHS-MIHP team chose the relevance of the curriculum as the root cause to tackle in this improvement project. A process map was created delineating the current intake process.

```

graph TD
    Start([Check in  
welcome visit]) --> Worker[Worker  
delivers  
packet at client  
desk]
    Worker --> Welcome[Welcome  
introduction to clinic]
    Welcome --> Explain[Explain  
visit  
schedule/  
process]
    Explain --> Gift[Give  
welcome  
gift]
    Gift --> ID{Does the  
patient have  
proof of  
ID?}
    ID -- NO --> POI[Set up  
POI test  
with RN]
    ID -- YES --> Edu[Give  
education  
packet]
    Edu --> Risk[Explain  
Risk  
Identifier]
    Risk --> Numbers[Give  
important  
numbers]
    Numbers --> App[Set up  
next  
MHP  
app]
    App --> Sign[Sign  
comments]
    Sign -- YES --> Accept{Does pt  
accept  
MHP?}
    Accept -- YES --> Sched[Schedule  
Medical  
App]
    Sched --> Levels[Explain  
MHP  
Levels]
    Levels --> Services[Explain  
MHP  
services]
    Services --> Complete[Complete  
Risk  
Identifier]
    Complete --> Return{Will pt  
return  
to RI?}
    Return -- YES --> Sched2[Schedule  
Medical  
App]
    Sched2 --> Services2[Explain  
MHP  
services]
    Services2 --> Risk2[Explain  
Risk  
Identifier]
    Return -- NO --> List[Give  
important  
numbers  
list]
    List --> Prob[Explain  
probability  
of program  
at onset data]
    Prob --> Sched3[Schedule  
Medical  
App]
    Sched3 --> Services3[Explain  
MHP  
services]
    Services3 --> Risk3[Explain  
Risk  
Identifier]
  
```

With the root cause determined, the CSHS -MIHP team used an affinity diagram to identify potential solutions.

```

graph TD
    RootCause[Root Cause:  
Relevance of curriculum]
    
    subgraph Column1 [ ]
        direction TB
        C1_1[Intake visit procedure]
        C1_2[Create checklist of possible activities]
        C1_3[Explain what happens at next visit]
        C1_4[Make initial appointment sooner]
        C1_5[Solicit client feedback on needs from beginning]
        C1_6[Make communication clear/ concrete]
    end
    
    subgraph Column2 [ ]
        direction TB
        C2_1[Follow up throughout]
        C2_2[Review spiral concept after a few visits]
        C2_3[Review expectations throughout experience (reassess)]
        C2_4[Ask about client needs at each visit]
        C2_5[Always leave with next appointment scheduled]
        C2_6[If using feedback, check back in regards to needs]
    end
    
    subgraph Column3 [ ]
        direction TB
        C3_1[Content of visits]
        C3_2[Cultural sensitivity of expectations]
        C3_3[Develop curriculum for visits]
    end
  
```

**Root Cause:**  
Relevance of curriculum

**Intake visit procedure**

**Follow up throughout**

**Content of visits**

**Create checklist of possible activities**

**Review spiral concept after a few visits**

**Cultural sensitivity of expectations**

**Explain what happens at next visit**

**Review expectations throughout experience (reassess)**

**Develop curriculum for visits**

**Make initial appointment sooner**

**Ask about client needs at each visit**

**Solicit client feedback on needs from beginning**

**Always leave with next appointment scheduled**

**Make communication clear/ concrete**

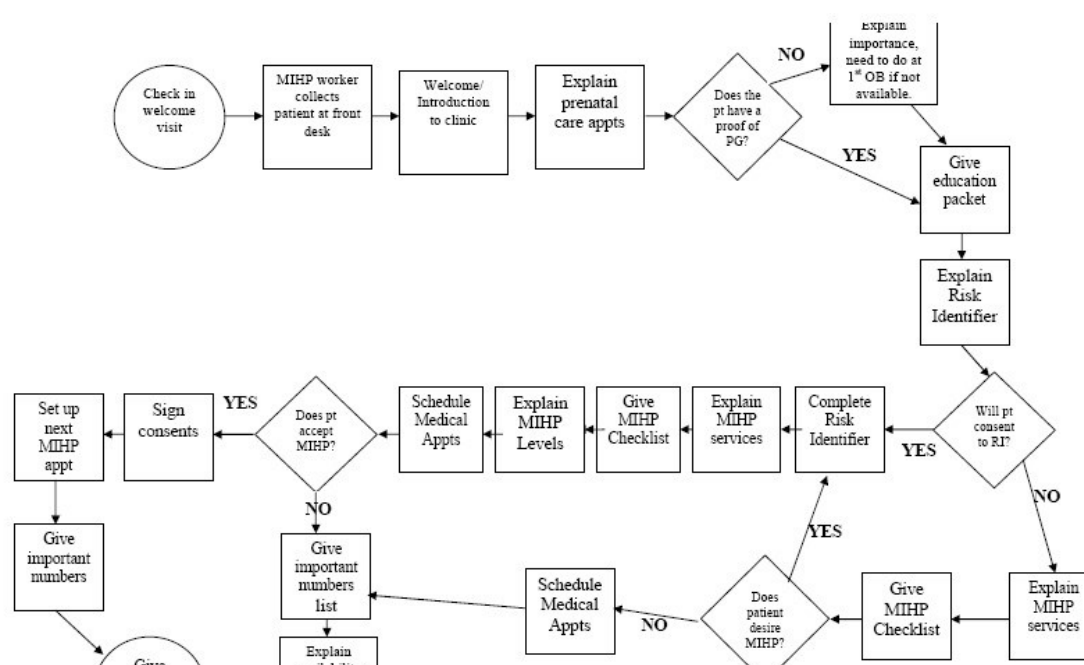
**If using feedback, check back in regards to needs**

Through much discussion and a team vote, the team decided that changing the intake process by using a checklist to assess families' needs would have the greatest impact.

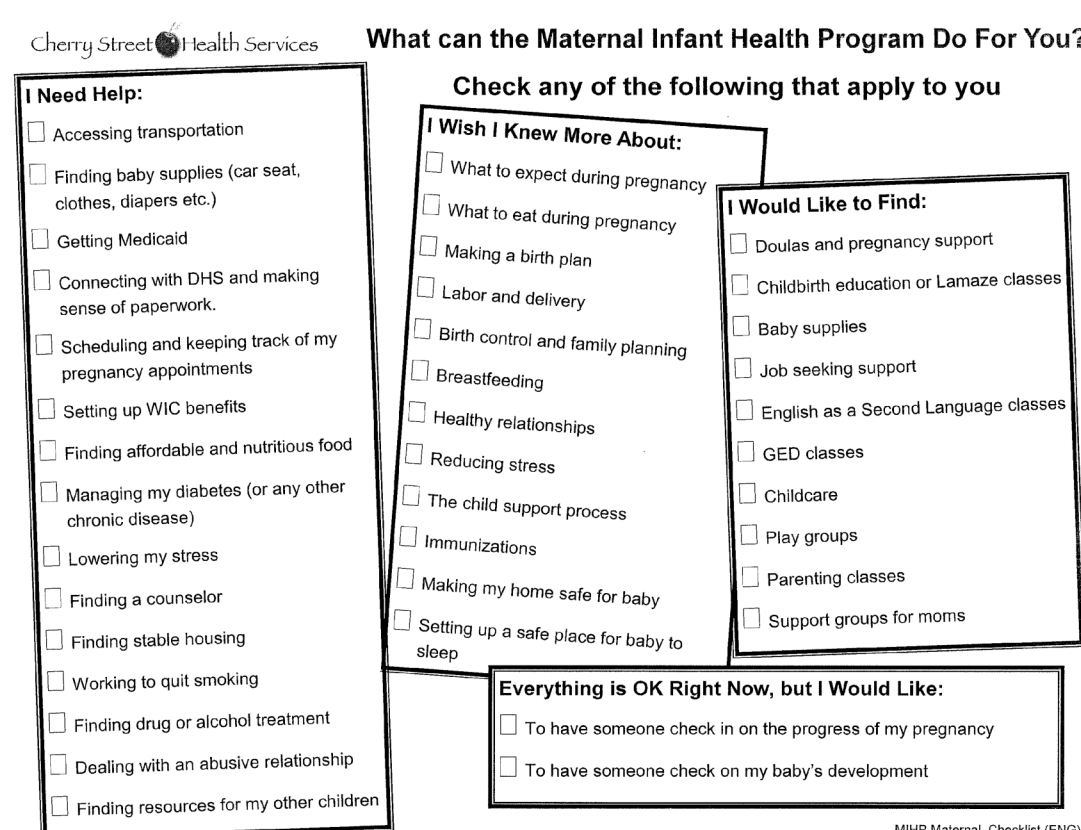
**If** we implement a check-list to assess the families' wants and needs for the program at intake, **then** the length of time families are enrolled in MIHP will increase by 5%.

## 6. Test the Theory

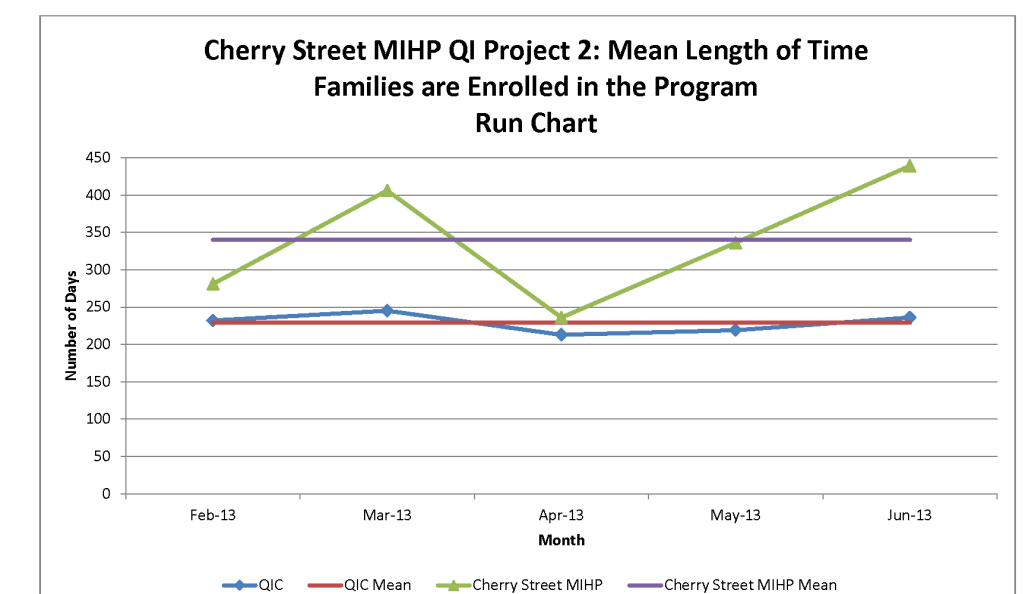
The CSHS-MIHP team mapped a new intake process that will better take family's educational interests into consideration.



A check-list of potential services and educational topics was integrated into the intake process at the test site.



### Run Chart



The data point used for comparison was the mean number of days enrolled in the program. Viewing the CSHS-MIHP results compared with the QIC results as a whole, the days in the program vary widely from month to month.

Typically, families are enrolled for a period from 6-18 months. The new procedure was introduced in June 2013. Families who did receive the procedure would be exiting drastically early if they did leave the program during this period, which is atypical. Most families receiving the new procedure will still be enrolled and this is not necessarily a reflection on the procedure. Clearly, additional long term study will be needed to find evidence of whether this new intake procedure is successful.

Since implementation, however, case managers implementing the new checklist as part of the intake process have reported enthusiastic response from families. Case managers are also reporting they have found the checklist helpful in developing rapport with families.

## Act

**Standardize the Improvement and Establish Future Plans**

## 8. Standardize Improvement Theory or Develop New Theory.

Based on the positive feedback from families, the checklist will be implemented as part of a new standardized intake procedure. However, CSHS-MIHP will continue to track data on length of enrollment in program to find statistical evidence of impact on retention.

## 9. Establish Future Plans

The procedure will be reinforced at monthly MIHP team meetings and data will be shared as it becomes available. Further modifications and new ideas for improvement will be welcomed and discussed.